

To: Dr. Rebecca Throneburg, Chair, Department of Communication Disorders and Sciences

From: Ryan C. Hendrickson, Provost

Date: May 3, 2024

Cc: Brad Tolpannen, AVPAA

John Storsved, Dean, College of Health and Human Services

I am writing to thank the Department of Communication Disorders and Sciences for submitting the 2024 revisions to the Departmental Application of Criteria. As required by the EIU-UPI agreement, I have reviewed the materials and am pleased to approve the revised DAC..

Please note that with this approval the revised DAC is now in effect. Unit A faculty members who elect to be evaluated under the previous Departmental Application of Criteria must give notice to the Chair, Dean, and Provost prior to October 1, 2024 (Article 8.7.f.3).

The current Departmental Application of Criterias are available at: <https://www.eiu.edu/acaffair/DACnew.php>

DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES  
EASTERN ILLINOIS UNIVERSITY

Departmental Application of Criteria  
**2023**

I. Categories of Materials and Activities Considered Appropriate by Performance Area

A. Teaching/Performance of Primary Duties

Level 1: Satisfactory performance may be evidenced by, but not limited to, a preponderance of activities from the following:

- a. Evidence of satisfactory course instruction
  - i. self-evaluation of recorded course teaching using department rubric as guidance that indicates satisfactory level
  - ii. CDS faculty member (tenured or PBI) and chairperson evaluations (which may include evaluation of live or recorded classroom instruction and review of syllabus, assessment methods, course management system, projects/papers/assignments)
  - iii. student evaluations that indicate adequate instruction
  - iv. teaching practices which adhere to IGP and federal credit hour policies
  - v. syllabus with required CAA elements
  - vi. basic assessment of student learning (e.g., exams, assignments)
  - vii. course materials demonstrating organized progression of class content (e.g., Syllabus)
  - viii. basic use of course management system (e.g., screenshot of D2L)
- b. Evidence of satisfactory clinical teaching (e.g., tenured CDS faculty member/chairperson evaluations, other peer evaluations, student evaluations, course materials, meeting ASHA's minimum observation requirements)
  - i. self-evaluation of recorded clinical teaching using department rubric as guidance that indicates satisfactory level
  - ii. CDS faculty member (tenured or PBI) and chairperson evaluations (which may include evaluation of a live or recorded clinical conference; review of syllabus, feedback on lesson plans, reports, supervisor observation notes)
  - iii. student evaluations that indicate adequate instruction
  - iv. assessment of student learning (e.g., midterm and final evaluations, periodic written feedback)
  - v. guidance in planning and executing diagnostic evaluations (e.g., diagnostic plan work sheet)
  - vi. weekly supervisory conferences (e.g., schedule)
  - vii. meeting ASHA's minimum observation requirements (e.g., Observation notes)
- c. Evidence of satisfactory academic advisement (e.g., student evaluations, advisement materials)
- d. Evidence of satisfactory administrative or other primary duties for which CUs are assigned (e.g. internship coordination, graduate program coordination, honor's program coordination, clinic or STEP director, etc.)
- e. Completion of 10 or more hours of continuing education in a 12-month period

Level 2: Highly effective performance may be evidenced by, but not limited to, a preponderance of activities from the following:

- a. Evidence of highly effective course instruction
  - i. self-evaluation of recorded course teaching using department rubric as guidance indicates highly effective level

- ii. CDS faculty member (tenured or PBI) and chairperson evaluations which indicate highly effective teaching (which may include evaluation of live or recorded classroom instruction and review of syllabus, assessment methods, course management system, projects/papers/assignments)
  - iii. student evaluations indicate effective instruction.
  - iv. assignments/projects reflecting application of knowledge (e.g., rubric/assignment description)
  - v. clinical meetings have clear goals related to focus clinical skill development on the syllabus
  - vi. assignments related to professional communication skills (writing and/or speaking) through projects and feedback (e.g., rubric)
  - vii. assessment of student learning with a variety of evaluation methods (e.g., rubric/assignments)
  - viii. use of technology to enhance delivery (e.g., course management system quizzes, sharing of resources, video cases)
  - ix. development of remediation plans for student retention and skill acquisition
- b. Evidence of highly effective clinical teaching
- i. self-evaluation of recorded clinical teaching using department rubric as guidance indicates highly effective level
  - ii. CDS faculty member (tenured or PBI) and chairperson evaluations that indicate highly effective level (which may include evaluation of a live or recorded clinical conference, review of syllabus, feedback on lesson plans, reports, supervisor observation notes)
  - iii. student evaluations indicate effective clinical instruction
  - iv. assessment of student learning (e.g., routine self-evaluation, weekly descriptive written feedback, midterm oral case summary to supervisor)
  - v. clinical meetings have clear goals related to development of clinical skills on the syllabus and clinical skills based on the identified needs of the clinician
  - vi. routine collaboration with client, professionals, or families
  - vii. significant guidance for the planning, execution, and analysis of diagnostic evaluations (e.g., extra clinical teaching conferences, provision of specific resources for planning, interpretation, and/or recommendations-- documentation in notes)
  - viii. supervision style adapted to needs of student clinician (e.g., notes and self-evaluations)
  - ix. provision of clinical resources (e.g., case examples, literature, materials)
  - x. investment of time beyond weekly clinical conference and observation
  - xi. demonstration of treatment techniques
  - xii. documentation exceeding ASHA's minimum observation requirements
  - xiii. development of remediation plan for student retention and skill acquisition
  - xiv. use of technology to enhance clinical teach (e.g., video analysis of client performance, teletherapy, help find apps for technology)
- c. Highly effective academic advisement (e.g., student evaluations, advisement materials, advising students in planning study abroad experiences)
- d. Evidence of highly effective administrative or other primary duties for which CUs are assigned (e.g. internship coordination, graduate program coordination, honor's program coordination, clinic or STEP director, etc.)
- e. Curriculum revision, curriculum development, development of teaching assignments, or a proposal for study abroad, or development of new clinical experiences
- f. Participation as a faculty committee member mentoring student project associated with graduate thesis.

- g. Mentor an independent study
- h. Completion of course(s)/training related to primary duties (e.g., FDIC or RISE conference)
- i. Completion of 20 or more hours of continuing education in areas related to teaching and supervision in a 12-month period
- j. Documented intentional self-study to improve skills related to primary duties (e.g. plan to observe and reflect on multiple recorded or live teaching of a more experienced clinical or academic instructor; reading and reflection linked to changes to course or clinical instruction -- written description; peer mentoring and teaching participation with multiple meetings and discussion points- mentor or mentee could count)

Level 3: Superior performance may be evidenced by, but not limited to, a preponderance of activities from the following:

- a. Evidence of superior course instruction
  - i. self-evaluation of recorded course teaching using department rubric as guidance that indicates superior level
  - ii. CDS faculty member (tenured or PBI) and chairperson evaluations which indicate superior teaching
  - iii. CDS faculty member (tenured or PBI) and chairperson evaluations (which may include evaluation of live or recorded classroom instruction and review of syllabus, assessment methods, course management system, projects/papers/assignments)
  - iv. student evaluations indicate high-quality instruction
  - v. assignments/projects reflecting problem-solving activities, analysis, synthesis, integration, and/or evaluation (e.g., rubric/assignment)
  - vi. instruction for the development of professional communication skills (writing and/or speaking) (e.g., instruction, feedback you give back with revision, rubric)
  - vii. assessment of student learning and adjustment of instruction based on student performance (e.g., documentation of informal feedback/email, extra meetings with students, extra tutoring or review sessions)
  - viii. course rigor and student expectations (e.g., amount/type of reading comprehension, problem solving, role-playing, debates, demonstrations, number and type of assignments, type of exams)
- b. Evidence of superior clinical teaching
  - i. self-evaluation of recorded clinical teaching using department rubric as guidance that indicates superior level
  - ii. CDS faculty member (tenured or PBI) and chairperson evaluations (which may include evaluation of a live or recorded clinical conference; review of syllabus, feedback on lesson plans, reports, supervisor observation notes)
  - iii. student evaluations indicate high-quality clinical instruction
  - iv. assessment of student learning and adjustment of instruction based on student performance (e.g., changing instruction based on assessment such as extra meetings, asking the student to prepare for more or less challenging questions or discussion in meetings, tailoring clinical meetings to needs identified in assessments, etc)
  - v. clinical meetings have clear goals related to development of clinical skills on the syllabus, clinical skills based on the identified needs of the clinician, and the clinician has been asked questions or prompted in advance of meetings to facilitate critical thinking and clinician advance preparation for meeting objectives
  - vi. Extensive collaboration with/for clients, professionals, families (e.g., IEP meetings, trainings, consultations with outside professionals, collaborations with faculty, correspondence)
  - vii. Extensive, substantial guidance for the planning, execution, and analysis of diagnostic evaluations (e.g., review and assimilation of multiple records;

- numerous teaching conferences and/or revisions of report drafts; integration of multiple assessments, data, interviews; generation of extensive recommendations)
- viii. extensive clinical teaching (e.g., modeling and demonstration of treatment techniques; planning and execution of therapy sessions; collaboration with other faculty or outside professionals) (e.g., add notes of additional meeting on paper
- ix. use of technology to enhance clinical teach (e.g., extensive, and novel use of a variety of technology)
- c. Superior academic advisement (e.g., student evaluations, development of advisement materials for the department, extensive communication with advisees, attending university advisement activities)
- d. Evidence of superior administrative or other primary duties for which CUs are assigned (e.g. internship coordination, graduate program coordination, honor's program coordination, clinic or STEP director, etc.)
- e. Evidence of leadership as a faculty mentor in student projects associated with undergraduate honors program or graduate thesis
- f. Receipt of credential, award, or other recognition for teaching
- g. Completion of 30 or more hours of continuing education or receipt of an award for continuing education (e.g., ASHA Award for Continuing Education (ACE), or completion of at least 70 hours of continuing education within a three year period)
- h. Build an area of expertise for teaching or supervision through focused CE
- i. Documented intentional sustained self-study to improve skills related to primary duties (e.g. plan to observe and reflect on recorded or live teaching of a more experienced clinical or academic instructor; reading and reflection linked to changes to course or clinical instruction -- written description; peer mentoring and teaching participation with weekly meetings and discussion points- mentor or mentee could count)
- j. Lead a study-abroad experience

**B. Research/Creative Activity**

Level 1: Satisfactory performance may be evidenced by, but not limited to, a cohort of activities such as:

- a. Research/creative activity or presentation (non-competitive selection) in conjunction with a student project or seminar (e.g., departmental presentation, EIU conference presentations)
- b. Local level professional presentation (e.g., brown bag, within the university)
- c. Demonstration of works in progress (e.g., manuscripts, assessment/intervention materials clinical materials, student thesis collaboration for presentation, article submitted to a non peer reviewed journal)
- d. Receipt of an internal grant or other funding to attend research/creative activity
- e. Documentation regarding individual line of research/creative activity

Level 2: Significant performance may be evidenced by, but not limited to, a cohort of activities such as:

- a. Research/creative activity or presentation (competitive selection) in conjunction with a student project or seminar. (e.g., ISHA, SIRCA)
- b. Presentation at state/regional professional conference(e.g., ISHA area groups, ISHA convention, other state professional conferences, StarNet)
- c. Receipt of an internal grant or other funding to pursue research/creative activities
- d. Submission of a federal grant (e.g., NIH, Dept of Ed)
- e. Publication of article in non-peer reviewed journal
- f. Publication of abstract/commentary in peer-reviewed journal
- g. Article submitted to a peer reviewed journal

- Level 3: Superior accomplishment may be evidenced by, but not limited to, a cohort of activities such as:
- a. Research/creative activity or presentation in conjunction with a student project or seminar at a national/international level (e.g., ASHA, NCUR)
  - b. Presentation at national/international professional conference (e.g., ASHA, webinars)
  - c. Invited presentation at state/national professional conference or webinar
  - d. Earning a fellowship, external grant, or other funding to pursue research/creative activity
  - e. Receipt of an award or other recognition for research/creative activity
  - f. Publication in peer reviewed journal (e.g. research/clinical article, editorial)
  - g. article accepted to a peer reviewed journal
  - h. Publication of books, chapters, or assessment/intervention materials based on clinical theory or research

C. Service

Level 1: Satisfactory performance may be evidenced by, but not limited to, a preponderance of activities such as the following:

- a. Service on a departmental committee
- b. Service to enhance the department that requires occasional, limited commitment (e.g. choosing artwork, recruitment activities)
- c. Service as a resource for professional colleagues or agencies
- d. Providing invited guest lecture(s) in the department
- e. Attendance at least two organized university/department events that CUs are not assigned (e.g., open houses, visit days, NSSHLA picnic/banquet/events, commencement, CHS LLC events, etc.)

Level 2: Significant performance may be evidenced by, but not limited to, a preponderance of activities such as the following:

- a. Leadership on a departmental committee
- b. Service to enhance the department that requires frequent commitment (e.g. computer expertise, department events)
- c. Service on a college/university committee
- d. Providing an invited guest lecture outside the department
- e. Service for local, regional, or state committee/organization (e.g., ECISHA, ISHA)
- f. Service as a speech-language-hearing specialist for professional colleagues or professional agencies for a limited time
- g. Advisement of a student organization
- h. Service supporting colleagues and/or students from underrepresented groups or with diverse needs (e.g., mentoring, sharing resources, additional meetings).
- i. Attendance at many organized university/department events that CUs are not assigned (e.g., open houses, visit days, NSSHLA picnic/banquet/events, CHHS LLC events, commencement, etc.)
- j. Completion of requested peer review (e.g., professional publications, presentations, posters)

Level 3: Superior performance may be evidenced by, but not limited to, a preponderance of activities such as the following:

- a. Leadership activities on a college or university committee
- b. Service to enhance the department that requires substantial or ongoing commitment (e.g., providing diagnostic or treatment services outside clinical supervision assignments on a regular basis, providing consultation or education to families or community members)
- c. Leadership activities in local, regional, state organization/committee
- d. Consultation as a speech-language-hearing specialist with professional colleagues or professional agencies that requires substantial or ongoing commitment
- e. Supervision of Clinical Fellowship Year (CFY) for a professional colleague
- f. Receipt of an award or other recognition for service-related activities
- g. Committee membership/leadership in national/international organization/committee (e.g.,

- ASHA)  
h. Appointment to editorial board of a peer reviewed professional journal

## II. Methods of Evaluation

University and Department policy state that performance of Teaching/Primary Duties is the most important function of a faculty member at Eastern Illinois University.

### A. Department Personnel Committee

1. Composition: The Department of Communication Disorders and Sciences Personnel Committee is composed of three voting members and one non-voting alternate based on annual rotation of tenured faculty. The alternate will serve as a voting member in the absence of a voting member or in personnel decisions relating to a voting member.
2. Review Procedures: In each of the performance areas, submitted materials will be individually reviewed by members of the DPC. Independent evaluations concerning the level of accomplishments will be compared at a meeting of the DPC. Qualitative evaluation of the submitted material will be used to judge the degree of effectiveness of an employee's performance, identify areas of strength and weakness, improve the employee's performance, and provide a basis to make recommendations and decisions concerning retention, promotion, and tenure. The DPC's evaluation should be independent of and presented to the Department Chair, the Dean of the College of Health and Human Services, the University Personnel Committee, and the Provost.

### B. Student Evaluation Procedures

1. All faculty, including non-tenured tenure-track, tenured faculty completing annual evaluations, and annually contracted faculty, will submit student evaluations for all course/clinical assignments. Student course evaluations must include the approved university and department core of evaluation items; additional items selected by the employee may be included. All student evaluations must be included for any section of a course in which student evaluations were conducted. Inclusion of narrative comments is optional, but if narratives are included, all should be provided.
2. Administration of Student Evaluations: Faculty will order student course evaluations from the Office of Testing and Evaluation. Administration can be online through (OAAT) or paper evaluations can be used and arrangements made for a faculty member other than the course instructor to administer the evaluations. The faculty member administering the evaluations assumes responsibility for delivering the objective evaluations and the written evaluations to the Office of Testing and Evaluation. The Department Chair distributes one copy of the statistical analysis of the evaluations to faculty members after grades have been posted.

Administration of Student Evaluations for Clinical Practicum: The Clinic Director will distribute the department approved faculty evaluation forms and instructions for completion of the forms to students. The Clinic Director arranges a confidential procedure for students to return the forms and then forwards them to the Office of Testing and Evaluation for analysis. The Department Chair distributes a copy of the statistical analysis and written feedback from clinical practicum evaluations.

### C. Chair/Tenured Faculty Evaluation Procedures

Tenured CDS faculty member and chairperson evaluations may include evaluation of live or recorded classroom or clinical instruction and review of syllabus, assessment methods, course management system, projects/papers/assignments.

1. Non-tenured/tenure-track faculty
  - a. All non-tenured, tenure-track faculty applying for retention, promotion, and/or tenure will submit at least one self-evaluation, at least one chairperson, and one tenured CDS faculty member evaluation per evaluation period for a course if teaching courses is in workload and for clinical teaching if 3 or more CUs are assigned.
  - b. Courses or clinical meetings may be recorded for the evaluation. The recording and self-evaluation of recording should be given to peer or chair for review no later than

Thanksgiving break. Evaluations should use the department approved rubric for guidance and be written using the approved university peer evaluation form. Copies of evaluations shall be given to the faculty member who requested the evaluation.

- c. In evaluating distance learning courses, items from a departmental adaption of the Quality Matters Rubric should be considered.
2. Tenured Faculty
    - a. Faculty applying for professional advancement increase (PAI) or promotion (multi-year evaluation) will submit a minimum of one self-evaluation, one chair and one tenured CDS faculty member for each area of teaching/performance of primary duties in course teaching and clinical instruction (if clinical is more than 3 CUs per year) per evaluation period for the promotion will be submitted. The evaluation period is since the submission of the portfolio for the last promotion or PAI, or five years, whichever is shorter.
    - b. Tenured faculty not being considered for promotion need to include required student course evaluations and documented activities in the areas of teaching/primary duties, research/creative activity and service.
  3. Annually Contracted Faculty
    - a. All annually contracted faculty will submit the following for the first four years of evaluation or until the PBI level is reached. This includes a self-evaluation, one chairperson, and one peer evaluation (CDS tenured faculty or CDS faculty who have received PBI) per evaluation period for a course if teaching courses is in workload and for clinical teaching if 3 or more CUs are assigned. After PBI level is reached, then one self-evaluation, peer evaluation, and chair evaluation is required for course instruction (if course teaching is assigned) and for clinical teaching per PBI period.
    - b. Courses or clinical meetings may be recorded for the evaluation. The recording and self-evaluation of recording should be given to peer or chair for review no later than Thanksgiving break. Evaluations should use the department approved rubric for guidance and be written via the approved university peer evaluation form. Copies of evaluations shall be given to the faculty member who requested the evaluation.
    - c. Annually contracted teaching faculty will be evaluated for teaching performance of primary duties by the same criteria as tenured/tenure track faculty members.
    - d. In evaluating distance learning courses, items from a departmental adaption of the Quality Matters Rubric should be considered.

#### D. Other Evaluation Procedures

1. The items listed under each performance level in each area of evaluation (teaching/performance of primary duties, research/creative activities, service) are to be considered illustrative and not exhaustive.
2. Materials and activities listed in each performance level are not rank ordered by importance.
3. Items other than those listed that are illustrative of performance may be included.
4. Items shall be included in only one section of the portfolio (teaching/performance of primary duties; research/creative activities; service).
5. In the area of teaching/performance of primary duties, course instruction evaluations and clinical teaching evaluations shall be considered of greater weight than other items in each level. Department Chair and CDS peer evaluations shall be given more weight than student evaluations.
6. For purpose of evaluation, a peer is defined as a tenured CDS faculty member for unit A faculty and a tenured CDS faculty member or a annually contracted CDS faculty member with at least 5 years experience who has reached PBI level.
7. The evaluation period is defined by the collective bargaining agreement and set forth in the Schedule for Personnel Actions and Credit Unit Guidelines issued by the Office of the Provost and Vice President for Academic Affairs. The evaluation period is not the same as an academic term. It varies depending upon appointment and rank.
8. It should be recognized that teaching evaluations might be affected by the rigor of a course or technological issues in distance learning courses. In applying these guidelines, evaluators should, therefore, recognize that new course preparation, teaching methods/traits and technological difficulties may affect evaluations.
9. Course materials (e.g., syllabi, exams) may be requested by the evaluator completing the observation.
10. Union duties, responsibilities, and projects may be considered in any of the three areas of evaluation, as appropriate.



11. Qualitative evaluation of submitted materials will be rendered by the evaluators of the DPC or department chair.
12. A faculty member can request unofficial assessment of teaching/supervision to solicit informal feedback from colleagues; this material would not be included in the formal portfolio materials.